

AGE OF THE FIRST MARRIED AS ONE OF FACTORS APPEARING CHILDREN WITH STUNTING IN POLEWALI MANDAR DISTRICT, WEST SULAWESI

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ABSTRACT

Stunting is a condition of failure to thrive in children under five due to chronic malnutrition so that children are too short for their age (malnutrition occurs in the womb and in the early days after the child is born, but only appears after the child is 2 years old). This study tries to look more specifically at the age of first marriage from parents who have stunting children in Balanipa District. This study was conducted using various data sources, including analysis of primary data and literature review. The study results showed that of the 91 respondents who had stunting children, 49.5% with parents who married at the age of the early category. After being assessed more in the value of risk different the age of first marriage with stunting is 19 which means that 19% of stunting can be prevented by getting married at the ideal age. After being assessed more in the value of risk different the age of first marriage with stunting is 19 which means that 19% of stunting can be prevented by getting married at the ideal age. This is a serious matter and needs to be addressed as an effort to break the chain of the emergence of stunting in the world. Cross-sector cooperation needs to be encouraged to prevent the emergence of marriage at a young age.

Key Words: Stunting, Age of First Marriage

INTRODUCTION

According to the World Health Organization (WHO), nutritional problems are a public health problem if in the country, province, or district are considered good if <20%, less if they are in the range of 20-29%, bad if between 30-39%, and very bad if ≥40%. Anthropometric indicators of malnutrition can be indicated with less weight and shorter events (height that is less than normal age). Stunting is a condition of failure to thrive in children under five due to chronic malnutrition so that children are too short for their age (malnutrition occurs in the womb and in the early days after the child is born, but only appears after the child is 2 years old) (Kemenkes RI, 2016). Stunting is caused by a multifactor between generations and in society it is still considered a hereditary factor.

Stunting reflects failure to receive adequate nutrition over a long period of time. It is hidden, not detected timely in early life and thus leading to decreased physical growth, and increased child morbidity and mortality, and later on resides in adverse functional consequences: deprived cognition and educational performance, low adult wages, and lost productivity. (Dewana, 2017). Linear growth is the best overall indicator of children's well-being and provides an accurate marker of inequalities in human development. This is tragically reflected in the millions of children worldwide who not only fail to achieve their linear growth potential because of suboptimal health conditions and inadequate nutrition and

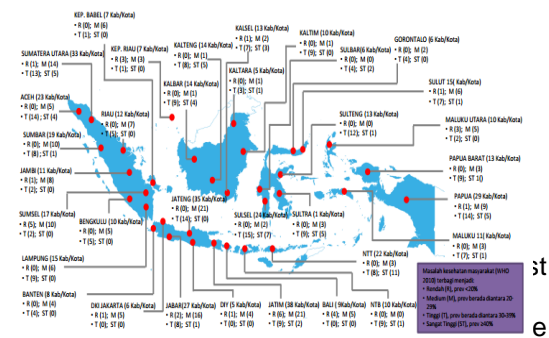
care; they also suffer the severe irreversible physical and cognitive damage that accompanies stunted growth. Stunting often goes unrecognized in communities where short stature is so common that it is considered normal. The difficulty in visually identifying stunted children and the lack of routine assessment of linear growth in primary health care services explain why it has taken so long to recognize the magnitude of this hidden scourge (Onis and Fransesco, 2016)

Child marriage has physical, psychological and intellectual implications for the child bride. A large body of evidence has documented the negative consequences, including lower educational attainment, higher susceptibility to violence, poor physical and mental health effects, reduced labor force participation and less power and decision making within the marital household (Parsons et.al 2015, Jensen and Thornton 2003, Malhotra 2013). A priori, these adverse effects should in turn have an impact on the children of the child bride. There is a gap in the literature, however, in assessing the outcomes of children produced from child marriage unions. Such an assessment is quite important for policy as it highlights that the effect of child marriage may extend into the next generation. It serves as a notification that child marriage is not just an issue

pertinent to child brides, but is an impediment to their offspring, the future human capital (Ramnarine, 2017)

The age of First Marriage (early marriage), in West Sulawesi > 30%, and occupying the highest order in Indonesia, the case is highest in Polman Regency, followed by Mamuju Regency and Majene Regency (Ritamariani, 2017). Research in Mamuju Regency, West Sulawesi Province about the factors associated with the age of first marriage, shows the results that, socio-cultural factors and household income are the factors that most influence the age of first marriage.

A child has the right and ability to grow and develop well so that it becomes a healthy and productive adult. If there is an underage marriage healthy reproduction will cause the birth of an unhealthy generation and one of them is stunting. This is because marriage that occurs under the age of reproduction causes the female reproductive organs not ready for pregnancy and childbirth so that it can endanger the mother and baby, so that in terms of nutrition and health there will be competition between the child and the pregnancy process that must be undertaken. In terms of maturity, it will have an impact on the psychological state of the child because the maturation process has not yet occurred and must undergo a household life.

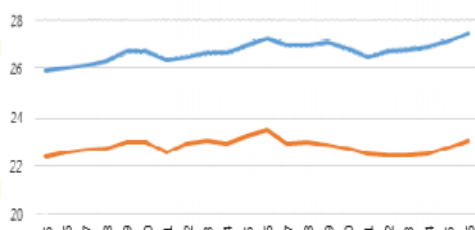


map based on the results of 2017 Nutritional Status Monitoring (PSG). Of the 6 regency in West Sulawesi Province, 4 regency are included in the category of high health problems, while the other 2 regencies are included in the category of very high health problems according to WHO.

Figure 2. Trend of Age of First Marriage in Indonesia by Gender (Susenas 1995-2016)
Figure 2 shows that from 1995 to 2006, in general the age at first marriage increased despite a decline around 2001. This applies to both men and women. The decline in the age of the first marriage that was discussed was shown in the picture from 2007 to around 2011 for men and from 2007 to 2013 for women. It is seen that the first marriage age has started to increase again which is quite significant, especially for men, where the 2016 figure (27.5 years) has exceeded the 2006 figure (27.3 years). For women, it has also been seen that there has been an increase again since 2014, although the 2016 figures have not exceeded the 2006 figures (23.4 years). So even though the decline in the rate of age at first marriage begins in the same period, an increase in the return of first marriage occurs in the earlier period for men compared to women (Lembaga Demografi UI, 2017)

METHOD

This assessment was carried out using various data sources, including analysis of primary data and literature review. The primary data analysis was carried out by beginning to collect data on stunting and age at first marriage based on a questionnaire that had been compiled and then analyzed between the results. While the literature review is carried out by using a literature review of all the results of surveys and research that have been conducted both nationally and locally. The results are then analyzed and arranged into a single unit of information so that it can describe the state of stunting and age at first marriage in Balanipa District, Polman Regency, West Sulawesi.



RESULT AND DISCUSSION

Phenomenon of Stunting and Age of First Marriage in Bala and Lego Villages, Balanipa District, Polman Regency Theoretically, a woman who is married at an age that is not ideal will show incompetence in various aspects, starting from taking care of her husband, to later when they later become a mother. This study uses the age of healthy reproduction as a benchmark to see the age of the respondent's first marriage. The facts in the field show that the incidence of stunting with the age of first marriage in 2 villages studied in Balanipa District, Polman Regency provides a clear picture of the incidence of stunting and the age of first marriage of parents.

Table 1. Percentage of Age of First Married Parents with Stunting Children

Age of the first marriage	n	%	RD
Early	45	49,5	19
Ideal	46	50,5	
Total	91	100	

The study results showed that of the 91 respondents who had stunting children, 49.5% with parents who married at the age of the early category. After being assessed more in the value of risk different the age of first marriage with stunting is 19 which means that 19% of stunting can be prevented by getting married at the ideal age.

Marriage is something sacred that combines 2 people into one that comes from a physical body, character, character and others. Marriage has an impact on the emergence of new obligations for both parties whether as a husband and wife or later becoming parents to the birth of their children. Marriage is a social bond or bond of legal agreement between individuals that forms kinship relationships and which is a institution in the local culture that formalizes intimate and sexual relationships between individuals. Marriage generally begins and is inaugurated with a wedding ceremony. Generally marriage is lived with the intention to form a family. Depending on the local culture the form of marriage can vary and the purpose may vary too. But generally marriage is exclusive and recognizes the concept of infidelity as a violation of marriage. Marriage is generally lived with the intention of forming a family. Generally marriage must be formalized with marriage. Article 1 of Law Number 1 Year

1974 states that marriage is an inner born bond between a man and a woman as a husband and wife with the aim of forming a happy and eternal family based on the One True Godhead.

Child marriage is associated with a range of adverse physical and mental health consequences for the child bride. The lack of access to information on reproductive health, coupled with the inability to make decisions within the household contributes to child brides experiencing a higher probability of unwanted pregnancies (UNION 2015). Early pregnancy presents a greater risk for maternal morbidity and mortality, as child brides are physically and emotionally unprepared for birth (Raj et. al 2009, Malhotra 2010, Mayor 2004). To illustrate, child brides are vulnerable to obstructed labor, a condition caused by the girl's pelvic bones being too small to deliver. In comparison to adult women giving birth, they are more likely to have pregnancy and delivery related complications. This can include the development of hypertension, eclampsia, postpartum hemorrhage and fistulas (Nour 2006). These considerable risks can translate into harmful conditions for their infants, through a higher probability of low birth weight and infant morbidity and mortality (Nour 2009)

While child marriage exposes girls to numerous harmful physical health conditions, their mental health likewise, is affected. Child brides suffer from social isolation; they are often confined to the groom's household and prevented from visiting former family and friends (Nour 2009, Le Stat et.al 2011, Parsons et.al 2015). Child brides are also usually forced to end their education early and are unable to access schooling development programs (Vogelstein 2013). The removal from school does not just represent the loss of educational opportunities but moreover, the ability to interact with peers of the same age and socialize outside of the family unit (UNICEF 2014). This undermines the development of the child bride as it obstructs the formation of an independent identity. These factors can contribute to an increased risk of depression, anxiety and suicide (Carbone-Lopez et. al 2006). The high susceptibility to domestic violence, furthermore contributes to these adverse outcomes. Rahman et.al (2014)

finding comparison to later-married women, child brides in Bangladesh are more likely to experience physical abuse. Among the South Asian countries of Bangladesh, Pakistan, India and Nepal, the prevalence of physical partner violence is the highest in Bangladesh at 40 percent (UNICEF 2014). Child brides often face physical abuse for their failure to fulfill the sexual demands from their husband and expectations from their new family unit (Myers 2015).

The results of this study reinforce that people who have stunting children are almost part of those who are married at a young age. Many things might affect, for example, family support or the desire of parents who want to marry their children at an early time assuming that when the child is married, the burden of the parents has decreased. Or maybe for another reason that families who have young women feel ashamed if their children are not married at a younger age because of a culture that assumes that girls have to marry faster because of fear of not getting a mate later in the day.

The physical and mental health consequences of child marriage highlighted here indicate that child marriage compromises the development and well-being of the child bride. A priori, this in turn should adversely impact the outcomes of their children. Yet, there is an information deficiency on the scale of damage caused by child marriage on children's outcomes. The only literature to address this, to the best of my knowledge, is from Raj et al. 2009. Raj et al. (2009) evaluate associations between child marriage and morbidity and mortality of children under 5 in India. Although their findings document children born to mothers from child marriage unions are more vulnerable to malnutrition than other outcome measures.

CONCLUSION

The age of first marriage, namely getting married at an early age is one of the originators of the birth of a child in Balanipa District, Polman Regency, West Sulawesi. This is a serious matter and needs to be addressed as an effort to break the chain of the emergence of stunting in the world. Cross-sector collaboration needs to be encouraged to prevent the emergence of marriage at a young age.

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